COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

BUMPING PROCESS

| the specification of w | /hich | | | | |
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| X is attached here was filed on as Application S | | d was amended on | · | | |
| specification, including I acknowledge application in accorded I hereby claims foreign application(s | ng the claims, as amend the duty to disclose in lance with Title 37, Code foreign priority benefi) for patent or inventor ion for patent or inventor priority is claimed: | and understood the conterded by any amendment refersormation which is material to of Federal Regulations, § to under Title 35, United States certificate listed below and tor's certificate having a filing | red to above. to the patentab 1.56(a). tates Code, § have also ide | oility of this 119 of any ntified below | |
| Number | Country | Date Filed(yyyy/mm/dd) | Yes | No | |
| 92120367 | Taiwan, R.O.C. | 2003/07/25 | X | | |
| | in the Patent and Trad | • | | ation and to | |
| SEND CORRESPONDENCE TO: | | | DIRECT TELEPHONE CALLS TO: (Name and Telephone Number) | | |

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

| Signature: | Min- | lung | Huang | Date: 1/2/64 | |
|------------|------|------|-------|--------------|--|
| • | | | —··· | | |

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